## Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 390139	STREET ADDRESS,	A (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:  TREET ADDRESS, CITY, STATE, ZIP CODE:  30 SOUTH BRYN MAWR AVENUE  BRYN MAWR, PA 19010		(X3) DATE SURVEY COMPLETED: 06/30/2023	
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  (X5) COMPLETE DATE		COMPLETE	
P 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  INITIAL COMMENT  This report is for new equipment, Stryker In Drills, beginning on June 30, 2023. The Branch Hospital attested they were in full compliant the requirements of the Pennsylvania Depa Health's Rules and Regulations for Hospital Code, Part IV, Subparts A and B, November 1987, as amended June 1998.		yn Mawr nce with artment of als, 28 PA	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE:	(X6) DATE:	

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## **Certified End Page**

## **BRYN MAWR HOSPITAL, THE**

STATE LICENSE NUMBER: 280701 SURVEY EXIT DATE: 06/30/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY